

OBITUARIES**DR. THOMAS JOHN SPEAKMAN****AN APPRECIATION**

The details of Dr. Speakman's life and the recording of his untimely death at the age of 45 on January 14, 1969, have already appeared in the pages of this Journal (*Canad. Med. Ass. J.*, 100: 544, 1969). However, his many friends, through their admiration for this man, will doubtless feel that such documentation does little to present the friend we knew. It is for this reason that one feels compelled to record a few personal observations from among the many that might be made.

I knew him first in 1952 (he established practice in Edmonton in 1951) over many lunches, hastily eaten, in the coffee shop of the Tegler Building in which we both initially had offices. It came as no surprise that this man, blond from his Icelandic heritage and perpetually boyish in his appearance, was a neurosurgeon. The requirements of his chosen specialty matched his particular talents and character to a remarkable degree and he prepared himself well for the demanding professional life that he had chosen. His distinguished undergraduate medical career at the University of Manitoba and his neurosurgical training under Dr. Wilder Penfield and Dr. William Cone at the Montreal Neurological Institute are doubtless better known to others of his contemporaries. However, I feel compelled to make mention of his first year in Montreal (1947-48) during which time he worked under Dr. Boris P. Babkin as a Medical Research Council Fellow. He seldom spoke of his research on the influence of certain areas of the cerebral cortex on the autonomic nervous system or the M.Sc. that resulted from it, but in conversation he frequently returned to Dr. Babkin, the man. Undoubtedly this interlude spent with this distinguished scientist and the affection which he developed towards his scientific mentor were potent influences in creating and fostering his interest in research, an interest which never completely left him in spite of periods of crushing clinical responsibility.

One need say little of Tom as a clinical neurosurgeon, for his excellence in this role will be well known to those to whom this note has meaning. Less well known perhaps are the demands he put on his life by refusing to accept the status quo. A restless perfectionist on behalf of his patients, he brought new neurosurgical procedures to Western Canada as soon as they were introduced, and immediately mastered them from the technical standpoint. Stereotactic thalamotomy for Parkinson's disease and the aggressive surgical approach to cerebral aneurysms were among the procedures that he pioneered. His first cryosurgical thalamotomy (and the first such in Canada) was done before the television cameras for the first meeting of the Royal College in Edmonton in 1963. Few who visualized

his masterful performance realized that the instrument had arrived in the city only a few short days before.

On the surface, in his professional life, he was the very model of equanimity, apparently imperturbable even in crisis, a person who naturally took charge of difficult situations. One knows, however, that this was achieved by design through self-discipline, and not without personal sacrifice, in order to allay the apprehension of patients and relatives and to prepare him to meet the demands of this most demanding of surgical specialties. His friends knew him as an intensely warm and sympathetic individual and easily recognized the inner tension that accompanied the outer calm.

Initially an active scientist himself, his personal involvement of necessity decreased as his clinical responsibilities and the demands of the Directorship of the Division of Neurosurgery at the University of Alberta Hospital increased. However, he continued to gain intense satisfaction from his intimate supervision of the neurosurgical trainees during their laboratory experience. He must surely be unique among surgical clinicians in interrupting his one month of annual leave at his beloved cottage at Pigeon Lake to drive to Edmonton, at least once weekly, to spend the day with the boys in the laboratory. One of these trainees, Dr. Bill O'Callaghan, while pursuing Dr. Speakman's continuing interest in the regeneration of the nervous system following trauma, received the medal of the Royal College of Physicians and Surgeons for the best manuscript on surgical research performed in Canada in 1964.

Those of us who had the misfortune to find ourselves, however rarely, opposing a cause which Tom supported, soon came to recognize that compromise was not a feature of his personality. He was not one given to the expression of premature opinion but rather one who carefully gathered all relevant facts, pondered them in depth and arrived, ultimately, at a reasoned and accurate conclusion with uncanny consistency. His own high ethical and moral standards were invariably apparent in relation to these judgments and he was not one who feared to stand alone if such a position appeared to him to be correct. On matters of principle he was either a committed and powerful ally or a devastatingly effective antagonist. He was no fence-sitter. To my knowledge he has taken on, virtually single-handed, Donald Gordon and the Canadian National Railway; the Medical Advisory Board; the Anaesthesia Department and the Operating Room Committee of the University Hospital; as well as myself. The stories relative to these encounters are legend but probably inappropriate to this occasion. Tom was, however, one of those rare individuals who was able to divorce his policy judgments completely from his interpersonal relationships and his friends could only

admire and respect him the more, as he attacked and destroyed their often shaky established positions.

In addition to his contribution to neurosurgery in Western Canada, Tom leaves a family that is the admiration of all his medical confrères. He was a fine husband to his lovely wife Patricia and a true father to his six wonderful children. To those of us who had the good fortune to share his close personal friendship, his contribution to our lives, in ever so many indescribable ways, defies definition. One of the fondest memories of our respective families is of the ritual that accompanied the evening meal on ski trips. Tom hated confusion or any evidence of disorganization. It was his habit to visit the eating place of our choice in advance of the event, decide on one menu for all and confirm the time of our arrival. I can still see the face of the proprietor when he reiterated his final statement—"Six o'clock—four adults and 10 children—all the same—there will be no ordering."

I am sure that Tom, at some time, acquired a vision of what we, as individuals, should be able to achieve medically, scientifically, academically, and in our homes, by greater devotion to our task. This vision he personally pursued with complete devotion. In accepting the challenge it is possible that the quantity of the time he spent with us suffered at the expense of the quality of his contribution. However, one cannot visualize him as failing to accept the challenge, for it was not his nature to buy time through compromise of his ideals and empty living. All who knew him are very much in his debt.

R. A. MACBETH

DR. J. A. LEO WALKER, a prominent orthopedic surgeon, died in St. Mary's Hospital, Montreal, on February 17, 1969, at the age of 65.

Dr. Walker was Associate Professor of Orthopedic Surgery at McGill University and at the time of his death was a governor of St. Mary's Hospital. He was also senior orthopedic surgeon at St. Mary's, Montreal General and Lakeshore General Hospitals and orthopedic consultant at the Queen Mary Veterans' Hospital.

He received his B.A. at the University of Ottawa and studied at Johns Hopkins University before graduating in medicine at McGill in 1931.

A founder and first secretary of the Canadian Orthopaedic Association, Dr. Walker was largely responsible for the uniting of English- and French-speaking orthopedic surgeons in Canada under one association.

During World War II he served with the R.C.A.M.C., attaining the rank of major. He was responsible for the formation of the first rehabilitation centre at St. Anne's Military Hospital.

A Fellow of the American College of Surgeons, the Royal College of Physicians and Surgeons of Canada and the International College of Orthopedic Surgeons, he was also a Diplomate of the American Board of Orthopedic Surgeons.

Dr. Walker is survived by his widow, the former Genevieve Dunne; a brother and a sister.

BOOK REVIEWS

CANCER RESEARCH TODAY. I. Berenblum. 151 pp. Illust. Pergamon Press Ltd., Oxford; Pergamon of Canada Ltd., Toronto, 1967. \$5.50.

Dr. Berenblum's work proves that if a complex subject is thoroughly understood by an individual who has a talent for teaching, it can be made intelligible to interested laymen. No one would doubt the difficulty of the task which the author set for himself—to portray contemporary cancer research in general and to explain the relevance to the human disease of experimental cancer research in particular—all this in a book small enough to give the reader courage to try. Surprisingly, Dr. Berenblum has succeeded in doing just what he set out to do—introducing us to cancer via the warning signals which should cause us to seek medical advice, and then leading us through the past and present history of cancer research. This is related in a paleo-anthropological way, through the tools which characterize each of the early eras of cancer investigation—the microscope, followed by the tumour graft, which led to the inbred mouse; then the camel-hair brush—hallmark of the era of chemical carcinogenesis (this topic is especially well handled by Dr. Berenblum, whose own research contributed so greatly to understanding in that field). The author then characterizes the present era of molecular biology not by one tool but by a variety of technical as well as conceptual advances.

In each instance he provides enough detail for the reader to follow the kind of thinking that guided the research. Consequently, at its best, this reads like a mystery. However, there are some factual errors which detract. Toward the end of the book, practical considerations are taken up again—the detection, treatment and prevention of cancer—and the book ends on the encouraging note that "at least three-quarters of human cancers could be prevented from occurring". A postscript is included which appropriately consists of a series of questions for the future. Some are: Is there a faulty repressor mechanism in cancer cells? Do viruses play a part in human cancer? What are the extrinsic causes of gastric cancer and of leukemia in man?

But perhaps most striking is the author's sincere and convincing arguments regarding the necessity for fundamental biological research if man is ever to solve the cancer problem. He minces no words about the cost of such an effort: "Modern cancer research can no longer be done on a meagre budget; nor can much be achieved nowadays by a lone wolf, working in a remote corner, however good his ideas may be." In these days when immediate budget-balancing is taking priority over long-term investment in fundamental research, those formulating our national fiscal policies should take heed of these words of wisdom.